



Complete Summary

[Take the Second Annual User Survey](#)

TITLE

Ischemic heart disease: percent of all acute myocardial infarction (AMI) patients known to smoke, who are given smoking cessation counseling during the hospital stay (inpatient AMI all cohort).

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Brief Abstract

DESCRIPTION

This measure assesses the percent of all acute myocardial infarction (AMI) patients known to smoke, who are given smoking cessation counseling during the hospital stay.

RATIONALE

According to the Centers for Disease Control and Prevention (CDC), about 8.6 million people in the United States have at least one serious illness caused by smoking. Smoking-attributable illness is a major contributor to the \$75 billion per year in direct medical costs from smoking. Approximately 440,000 people in the United States die of a smoking-attributable illness, resulting in 5.6 million years of potential life lost and \$82 billion in lost productivity from smoking. For every person who dies of a smoking attributable disease, there are 20 more people suffering with at least one serious illness from smoking. Among current smokers, chronic lung diseases account for 73% of smoking-attributable conditions. Among former smokers, chronic lung diseases account for 50% of smoking-attributable conditions, followed by heart attacks (24%). Many more people are harmed by tobacco use than are indicated by death rates alone, and more individuals will experience serious chronic diseases attributed to smoking if they continue to smoke.

Smoking accounts for one out of every five deaths in the U.S. It is the most important modifiable cause of premature death, responsible annually for an estimated 5 million years of potential life lost. Tobacco cessation counseling on a

regular basis is recommended for all persons who use tobacco products. (United States Prevention Services Task Force [USPSTF])

Practical interventions exist for controlling and preventing many chronic diseases. Implementing proven clinical smoking cessation interventions would cost an estimated \$2,587 for each year of life saved, the most cost-effective of all clinical preventive services. (CDC)

Smoking cessation is essential in patients with acute myocardial infarction (AMI). Smoking triggers coronary spasm, reduces the anti-ischemic effects of beta blockers, and doubles mortality after AMI. Patients who receive even brief smoking cessation advice from their physicians are more likely to quit than those who receive no counseling at all. Hospitalization can be an ideal opportunity for a patient to recognize the impact of continued tobacco use.

PRIMARY CLINICAL COMPONENT

Ischemic heart disease; acute myocardial infarction (AMI); smoking cessation; inpatient counseling

DENOMINATOR DESCRIPTION

Patients from the Inpatient AMI All cohort with a known history of smoking cigarettes anytime during the 12 months prior to hospital arrival (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of patients from the denominator who receive smoking cessation counsel during the hospital stay (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [VA/DoD clinical practice guideline for the management of tobacco use.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

External oversight/Veterans Health Administration
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

See "Rationale" field.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients from the Inpatient Acute Myocardial Infarction (AMI) All cohort*

*Refer to the original measure documentation for patient cohort description.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients from the Inpatient AMI All cohort with a known history of smoking cigarettes anytime during the 12 months prior to hospital arrival*

*Eligible Acute Myocardial Infarction (AMI) All Patients: Include all AMI inpatients, both those that present with an AMI and those experiencing an AMI while already an inpatient. This measure includes all patients including patients transferred in from long term care facilities.

Refer to the original measure documentation for patient cohort description.

Exclusions

This measure excludes patients:

- With documentation upon arrival or within 24 hours of AMI of a decision not to treat the AMI
- Transferred out to another acute care hospital
- Who left against medical advice (AMA), discharged to hospice, or who expired
- Receiving comfort measures only

If there is no documentation in the medical record of the patient's smoking status for the past 12 months, the case will be reported in the 'A Missing/Invalid' report. It will not be included in the numerator or denominator (will not count for or against the facility).

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator who receive smoking cessation counsel during the hospital stay*

*Tobacco Cessation Counseling: Documentation in the medical record indicating the patient received one of the following:

- Advice to stop smoking whether or not the patient is a current smoker
- A viewing of a smoking cessation video
- Brochures or handouts on smoking cessation; or
- A smoking cessation aid such as Nicoderm or Zyban

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison
Prescriptive standard

PRESCRIPTIVE STANDARD

Fiscal year (FY) 2005 targets for counseled while inpatient (Inpatient AMI All):

- Facility Floor: 66%
- Meets Target: 89%
- Exceeds Target: 93%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Ischemic heart disease (IHD): inpatient AMI all.

MEASURE COLLECTION

[Fiscal Year \(FY\) 2005: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Cardiovascular](#)

MEASURE SUBSET NAME

[Ischemic Heart Disease](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Nov

REVISION DATE

2005 Mar

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Office of Quality and Performance (10Q). FY 2005 VHA executive career field network director performance measurement system and JCAHO hospital core measures. Technical manual. Washington (DC): Veterans Health Administration (VHA); 2005 Mar 9. 244 p.

MEASURE AVAILABILITY

The individual measure, "Ischemic Heart Disease (IHD): Inpatient AMI All," is published in "FY 2005 VHA Performance Measurement System: Technical Manual."

For more information contact:

Department of Veterans Affairs
Office of Quality and Performance (10Q)
ATTN: Bonny Collins, E-mail: bonny.collins@va.gov or
Lynnette Nilan, E-mail: lynnette.nilan@va.gov

NQMC STATUS

This NQMC summary was completed by ECRI on December 8, 2004. The information was verified by the measure developer on December 10, 2004.

COPYRIGHT STATEMENT

No copyright restrictions apply.

© 2005 National Quality Measures Clearinghouse

Date Modified: 5/23/2005

The logo for FIRSTGOV, featuring the word "FIRST" in blue and "GOV" in red, with a small American flag graphic above the "I" in "FIRST".

